

# MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-028253**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 296 Primary Registration District No. 6019 Registrar's No. 4

**FILED JUL 24 1962**

VS 300  
Rev. 4/59

1 0890

2 0890

3 1

4 0

5 1

6 0

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8 2

9 X

10 089

11 90-3

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Orrick</u>		c. CITY OR TOWN <u>Lifetime</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Rural Orrick</u>		d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Melvin</u> Middle <u>Eugene</u> Last <u>Harris</u>		4. DATE OF DEATH Month <u>July</u> Day <u>19</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 1, 1911</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Richmond, Missouri</u>
13a. FATHER'S NAME <u>John Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Maude Belle Harlow</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>Wife</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Tractor Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Head Concussion &amp; Crushed Chest</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		14. NAME OF HUSBAND OR WIFE <u>Frances Harris</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8:30 P.M.</u> Month, Day, Year <u>July 19, 1962</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Country Road</u>		20f. CITY, TOWN, OR LOCATION <u>Rural Orrick</u>	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>Richmond Mo</u>	
22a. SIGNATURE <u>Lionel H. Coroner</u>		22c. DATE SIGNED <u>7-20-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 21, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riffe Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Orrick, Missouri</u>
24. FUNERAL DIRECTOR <u>Gowing Funeral Home Orrick, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>7-21-62</u>	
26. REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 1 1962

JUL 25 1962

JAN 29 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles J. Teph

Licensed Embalmer No. 4534

P. O. Address Lochmo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.